

<div style="display: inline-block; width: 60%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET </div> <div style="display: inline-block; width: 20%;"> SERIAL NO. </div> <div style="display: inline-block; width: 20%;"> FILING DATE </div>						
<div style="display: inline-block; width: 60%;"> APPLICANT(S) </div>						
CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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5	1					
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TOTAL IND.	3					
TOTAL DEP.						
TOTAL CLAIMS	3					

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